

**AFFIDAVIT TO REINSTATE DRIVER LICENSE/PRIVILEGE  
IN ACCORDANCE WITH FLORIDA STATUTE 322.245**

**Unpaid Financial Obligations**

DATE: \_\_\_\_\_

COURT CASE  
NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
(first) (middle) (last) (suffix)

SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_

**In order to reinstate your driving privilege, you must present this ORIGINAL affidavit to any Driver License Examining Office. A \$47.50 service fee will be required.**

☐

Has satisfied the financial obligation in full or made all payments currently due under a payment plan.

☐

Has entered into a written agreement for payment of the financial obligation if not presently enrolled in a payment plan.

☐

A court has entered an order granting relief to the above person ordering the reinstatement of the license.

\_\_\_\_\_  
Signature of Clerk of Court/Designee and Court Seal